

Flea Market Permit Addendum

I, _____, have read and understand the following:

- Business operations will comply with all City Code and mandates set forth by Mayor & Council in Ordinance #2021-03. A copy of Ordinance #2021-03 has been issued to the applicant.
- Business operations will not interfere with the rights of the public use of streets, jeopardize the health, safety or welfare of the public.
- Any licenses or permits are non-transferrable.
- Each vendor shall be required to display and/or provide a valid license or registration issued by the City or Flea Market owner.
- All vendors engaging in food sales shall obtain a permit from the City of Hinesville or by the Georgia Department of Agriculture as appropriate.
- All structures must follow the State of Georgia and local building and fire codes.
- All temporary structures (e.g. tents) will have to be put up and taken down daily and cannot remain on site overnight.
- No vendor may rent more than three stalls.
- The hours of operation are Friday, Saturday, and Sunday from 8 a.m. to 8 p.m. pm only.
- The selling of animals, alcohol beverages, and firearms is prohibited.
- All nonregistered vendors shall maintain a permanent record book, in which shall be entered in ink and in legible English, at the time property is acquired for the purpose of retail sale in accordance with Maintenance of Records Required by Law (O.C.G.A. 10-1-360).
- Any violation of these provisions and/or any other City Code violations could result in the immediate revocation of any license and/or permit issued.

Signature

Date

Business Name

Title

**CITY OF HINESVILLE
APPLICATION FOR FLEA MARKET**

INSPECTIONS REQUIRED

_____ Bldg. Insp.	Date: _____
_____ Police	Date: _____
_____ Fire	Date: _____
_____ Environmental Health	Date: _____

PAYABLE TO: City of Hinesville
115 East M L King Jr Drive
Hinesville, Georgia 31313

Date Received: _____

ALL INFORMATION MUST BE COMPLETED, SIGNED, AND NOTARIZED

This application must be completed 15 days prior to the event date.

NAME OF BUSINESS, PERSON, OR ORGANIZATION _____

LOCATION OF ABOVE BUSINESS, PERSON, OR ORGANIZATION _____

COMPLETE MAILING ADDRESS _____

EMAIL ADDRESS _____

FEI NUMBER _____

SALES TAX NUMBER _____

DOES THE BUSINESS REQUIRE A STATE LICENSE? _____

(IF YES) DATE EXPIRES _____

BUSINESS PHONE _____

CELL PHONE _____

DATE(S) OF OPERATION (per quarter only) _____

HOURS OF OPERATION _____

WILL FLEA MARKET OPERATE AS A 'PERMANENT SITE' OR 'CASUAL SITE'

_____ PERMANENT SITE (ONE WHICH AS PERMANENT STRUCTURES)

_____ CASUAL SITE (PERMANENT STRUCTURES ARE NOT PERMITTED)

WILL THIS EVENT INVOLVE FOOD BEING SOLD/SERVED? _____

YES _____ NO _____

WILL STRUCTURES BE CONSTRUCTED OR EMPLOYED? _____

YES _____ NO _____

If yes, please include a detailed description. (Attach a separate sheet if needed)

Amount per event _____ x _____ days

(Enter Amount Due)

\$ _____

\$ _____

TOTAL DUE \$ _____

(TOTAL RECEIVED) \$ _____

IMPORTANT: PLEASE READ CAREFULLY

The applicant hereby agrees to be bound by all terms and conditions of Ordinance #2021-03 adopted by the City of Hinesville, Georgia and any laws as may apply to the above business, person, or organization. I hereby agree to permit during business hours reasonable inspections as authorized by law.

THIS _____ DAY OF _____, 20 _____

Authorized Signature of Applicant

State of _____ County _____ City _____

PERSONALLY, before the undersigned appeared _____ who on Oath has sworn that the above information given therein is true and correct.

Notary Public

Notary Stamp/Seal

LICENSE MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF THE TERMS OF THE ORDINANCE. NO BUSINESS, PERSON, OR ORGANIZATION IS TO OPERATE WITHOUT APPROVAL OF THIS APPLICATION FOR LICENSE.

CITY OF HINESVILLE-LAWFUL PRESENCE AFFIDAVIT

Pursuant to O.C.G.A. § 50-36-1, all persons who - either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity - apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

____ I am a United States citizen, or

____ I am a legal Permanent Resident of the United States, or

____ I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

The secure and verifiable document provided with this affidavit can best be classified as:

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Title

*Alien Registration # for Non-citizens

Business Name

TIN or SSN

If this affidavit is not presented in person, applicant must submit a notarized copy of this affidavit.

Notarized this ____ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires

*Note: O.C.G.A § 50-36-1(e) (2) requires that aliens under the Federal Immigration and Nationality Act., Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Another Identifying Number

CITY OF HINESVILLE-PRIVATE EMPLOYER AFFIDAVIT

Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Hinesville, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:

1. Fill out this section after July 1, 2019.

a) ___ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

b) ___ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).

2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false statement, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties by such statute.

Executed on the ___ day of _____, 20___ in _____ (City), _____ (State)

Signature of Authorized Officer or Agent

Business Name

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires